

Commercial Rehabilitation Exemption Application Checklist

Applicant Name: _____

GENERAL INFORMATION NEEDED FOR ALL APPLICATIONS:

- ☐ Completed Department of Treasury application Form 4507.
- ☐ Certified copy of the resolution approving the application (must include the following statements):
 - ☐ The district was legally established after a hearing, inclusive of hearing date.
 - ☐ SEV of real and personal property WILL/WILL NOT exceed 5% of
 - ☐ If exceeds 5% ...shall not have the effect of substantially impeding or impairing the ...
 - ☐ Application was approved at a public hearing, inclusive of hearing date.
 - ☐ Statement that the applicant is not delinquent in any taxes.
 - ☐ The application is for commercial property as defined in 2(a).
 - ☐ Time period authorized by LGU for construction.
 - ☐ Answers to questions in instructions were provided.
 - ☐ If the application is approved for less than 10 years, the criteria required for extension or not.
 - ☐ Commencement of the rehabilitation of the facility did not occur earlier than 6 months...
 - ☐ Application relates to a rehabilitation program that when completed....
 - ☐ Completion of the qualified facility is calculated to...
 - ☐ Includes improvements aggregating 10% or more of TCV at commencement.
- ☐ Separate attachment (must include the answers to the following questions):
 - ☐ General description of the qualified facility (year built, original use, recent use, sq. ft. & stories).
 - ☐ Proposed use of the qualified facility.
 - ☐ Detailed description of the rehabilitation to be undertaken, preferably itemized lists.
 - ☐ Descriptive list of fixed building equipment that is part of the qualified facility.
 - ☐ Time schedule for rehabilitation.
 - ☐ Expected economic advantages from exemption.
- ☐ Legal description of the real property.

QUALIFIED RETAIL FOOD ESTABLISHMENTS ONLY:

- ☐ Completed Department of Treasury Form 4753.
- ☐ Description of the “underserved area.”

TRANSFERS ONLY:

- ☐ Certified copy of the resolution approving the transfer.

REVOCATIONS ONLY

Statutory Reason for Revocation: _____

- ☐ Certified copy of the resolution approving the revocation.